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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/811,965			Fiting Date 03/30/2004		To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)									LL E	ENTITY	OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILED					NUMBER EXTRA			RATE	(\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A				N/A	
	SEARCH FEE (37 CFR 1.16(k), (1).	or (m))	N/A		N/A			N/A				N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A				N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			X \$	=		OR	x s =	
	EPENDENT CLAIM CFR 1.18(h))		minus 3 =		•			X \$	=			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	er, the app for small on sheets or f	on and drawings exceed 100, the application size fee due or small entity) for each eets or fraction thereof. See (1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
" If the difference in column 1 is less than zero, enter "0" in column 2.									L		J.	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SI	MAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	02/01/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOU PAID FOI	l JSLY	PRESENT EXTRA		RATE	(\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 17	Minus	- 20		= 0		X \$	=		OR	X \$50≃	0
	Independent (37 CFR 1.18(h))	• 4	Minus	4		= 0		x \$	=		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR	454	
								TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
AMENDMENT	मेगील	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	(\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))	. 17	Minus	- 20)	<u> - </u>		X \$	=		OR	X \$ =	
	Independent (37 CFR 1.18(h))	. 4	Minus	4		= iD		X \$	=		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))									(115	/ /	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))										OR		
		_,						TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	
•• If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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